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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 - 0 0 9

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d), 42 CFR 447.201(b)

7. FEDERAL BUDGET IMPACT:

a. FFY '00 \$ 138,514
b. FFY '01 \$ 1,026

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 52-52e Att 3.1-A pp 17-17W
Att. 3.1-B, pp. 51-51e " pp. 54c-54e
Att. 4.19-B, pp. 65-65a " pp. 72a
Att 4.19-B pp 8-8b Att 3.1-B pp 16-16W
" pp 45-45a " pp 53c-53e
" p 66a " p 71a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Att 4.19-B pp 8-8b
Att 3.1-A, pp 17-17W Att 4.19-B pp 45-45a
" 3.1-A pp 52c-52e Att 4.19-B pp 46a
same Att. 3.1-A p 70a
Att. 3.1-B, pp 16-16W
Att 3.1-B, pp 51c-51e
Att 3.1-B pp 69a

10. SUBJECT OF AMENDMENT:

Services: Rehabilitative Services & Rates; Special Transportation

EPSDT

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Mary B. Kennedy

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

June 13, 2000

16. RETURN TO:

Stephanie Schwartz
Minnesota Department of Human Services
Federal Relations Unit
444 Lafayette Road North
St. Paul, Minnesota 55155-3853

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

6/19/00

18. DATE APPROVED

3/8/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

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JUN 19 2000

DMIO - MI/MN/WI

MINNESOTA
MEDICAL ASSISTANCE
Federal Budget Impact of Proposed State Plan Amendment TN 00-09
Attachments 3.1-A/B & 4.19-B: Rehabilitative Services, including IFSP/IEP Services
& Special Transportation Rates

Rehabilitative Services: Attachments 3.1-A/B, item 13.d. (Rehabilitative services)

1. The State plan is updated on page 52 (Attachment 3.1-A) and page 51 (Attachment 3.1-B) to clarify current policy that not all rehabilitative services require physician authorization. For example, day treatment does not require physician authorization. There is no budget impact.
2. The State plan is updated on page 52b (Attachment 3.1-A) and page 51b (Attachment 3.1-B) to follow the wording of item 11.c. (Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist)). There is no budget impact.

IFSP/IEP Services: Attachments 3.1-A/B, item 13.d.

Currently, mental health professionals may provide psychotherapy, crisis assistance, skills training, and psychological testing and assessments. This State plan amendment clarifies current policy that mental health practitioners, supervised by mental health professionals, may also provide these services, except for psychological testing and assessments.

Minnesota Statutes, section 245.4871, subdivision 26 defines a mental health practitioner as someone meeting one of the following four requirements:

1. holds a bachelor's degree in one of the behavioral sciences or related fields and:
 - has at least 2,000 hours of supervised experience in the delivery of mental health services; or
 - is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, complete 40 hours of training in the deliver of services, and receives clinical supervision from a mental heath professional at least once a week until the requirement of 2,000 hours of supervised experience is met
2. has at least 6,000 hours of supervised experience in the delivery of mental health services
3. is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training
4. holds a master's or other graduate degree in one of the behavioral sciences or related fields and has less than 4,000 hours of post-master's experience.

There is no budget impact.

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Special Transportation Rates: Attachment 4.19-B, item 24.a. (Transportation)

If the covered service and the need for special transportation are included in a child's IFSP/IEP, and if a child receives special transportation to obtain a Medicaid-covered IFSP/IEP service, Medicaid will pay for special transportation. The rate is determined by multiplying the number of miles a child is transported to or from a provider by the per mile rate of \$2.21.

No payment is made for the miles a provider operates a vehicle when a child is not in the vehicle. For example, the miles from the garage to a child's home is not included in the rate.

The Department anticipates the following budget impact:

	<u>FFY '00</u>	<u>FFY '01</u>
State budget impact	\$118,079	\$874,660
Federal budget impact	\$138,614	\$1,026,774
 TOTAL	 \$256,693	 \$1,901,434

4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

Rehabilitative services as follows:

1. **Professional home-based mental health services** for children are culturally appropriate, structured programs of intensive mental health services provided to a child who is at risk of out-of-home placement because of the severe emotional disturbance. For purposes of item 4.b., a child eligible for home-based mental health services means a child who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who has an emotional disturbance and who meets one of the following criteria:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- A. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;
- B. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact;
- C. the child has one of the following as determined by a mental health professional:
 - 1. psychosis or a clinical depression;
 - 2. risk of harming self or others as a result of an emotional disturbance; or
 - 3. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
- D. the child, as a result of an emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

The services are for the purposes of resolving an acute episode of emotional disturbance affecting the child, reducing the risk of the child's out-of-home placement, reunifying and reintegrating the child into the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting or the site where the child receives day care.

A child (under age 21) is eligible for home-based mental health services, based on the results of a diagnostic assessment conducted or updated by a mental health professional within the previous 180 days. The diagnostic assessment must have determined that the child meets the functional criteria

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

outlined, above, and is in need of home-based mental health services.

The following entities are eligible to provide home-based mental health services:

- A. outpatient hospitals;
- B. community mental health centers;
- C. community mental health clinics;
- D. an entity operated by or under contract to the county to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity;
- E. an entity operated by or under contract to a children's mental health collaborative to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity.

A provider of home-based health services must be capable of providing all of the components specified below. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. Component A is covered as a mental health service under items 2.a, 5.a., 6.d. and 9 of this Attachment. Components B and C are covered as professional home-based therapy services.

- A. diagnostic assessment;
- B. individual psychotherapy, family psychotherapy, multiple-family group psychotherapy; and
- C. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

child's maintaining or re-establishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:

1. consist of activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;
2. consist of activities which will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan; and
3. promote family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization of eligible children.

To be eligible for MA payment, the provider of home-based mental health services must meet the requirements in items A to F, below.

- A. the service under component B, above, must be provided by a mental health professional skilled in the delivery of mental health services to children and their families.
- B. the services under component C, above, must be provided by mental health professionals and mental health practitioners who are skilled in the delivery of mental health services to children and their families.
- C. the services must be designed to meet the specific mental health needs of the child according to the child's individual treatment plan that is developed by the provider and that specifies the treatment goals and objectives for the child.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- D. the provider must provide, or assist the child or the child's family in arranging crisis services for the child and the family of a child which must be available 24 hours per day, seven days a week.
- E. the caseload of a home-based mental health service provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's caseload and permit the delivery of the services specified in the children's individual treatment plans.
- F. the services must be coordinated with the child's case manager for mental health services if the child is receiving targeted case management services.

Payment is limited to the following components of home-based mental health services:

- A. diagnostic assessment
- B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy
- C. individual skills training, family skills training, and group skills training
- D. time spent by the mental health professional and the mental health practitioner traveling to and from the site of the provision of the home-based mental health services is covered up to 128 hours of travel per client in a six month period. Additional travel hours may may be approved as medically necessary with prior authorization.

The services specified in A through J below are **not** eligible for MA payment:

- A. family psychotherapy services and family skills training services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient. Medical assistance coverage of family psychotherapy services and family skills training services is limited to face-to-face sessions at which the recipient is present throughout the therapy session or skills development session, unless the mental health professional or

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

practitioner conducting the session believes the recipient's absence from the session is necessary to carry out the recipient's individual treatment plan. If the recipient is excluded, the mental health professional or practitioner conducting the session must document the reason for the length of time of the exclusion.

- B. home-based mental health services provided to a child who at the time of service provision has not been determined to be a child eligible for home-based mental health services except for the first 30 hours of home-based mental health services provided to a child who is later determined to meet the functional criteria.
- C. more than 192 hours of individual, family, or group skills training within a six-month period, unless prior authorization is obtained.
- D. more than a combined total of 48 hours within a six month period of individual psychotherapy and family psychotherapy and multiple-family group psychotherapy except in an emergency and prior authorization or after-the-fact prior authorization of the psychotherapy is obtained.
- E. home-based mental health services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within a six month period. Additional home-based mental health services beyond 240 hours are eligible for MA with prior authorization.
- F. psychotherapy provided by a person who is not a mental health professional.
- G. individual, family, or group skills training provided by a person who is not qualified, at least, as a mental health practitioner and who does not maintain a consulting relationship whereby a mental health professional accepts full professional responsibility. However, MA shall reimburse a mental health practitioner who

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on site at least for one observation during the first twelve hours in which the mental health practitioner provides the individual, family, or group skills training to the child or the child's family.

Thereafter, the mental health professional is required to be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual, family, or group skills training to the child and the child's family. The observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by mental health professional who accepts full professional responsibility.

- H. home-based mental health services by more than one mental health professional or mental health practitioner simultaneously unless prior authorization is obtained.
- I. home-based mental health services to a child or the child's family which duplicate health services funded under Medical Assistance mental health services, grants authorized according to the Minnesota Family Preservation Act, or the Minnesota Indian Family Preservation Act. However, if the mental health professional providing the child's home-based mental health services anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the home-based mental health services, then one session of individual psychotherapy per month for the child, or one session of family psychotherapy per month for the child and the child's family, is eligible for medical assistance payment during the period the child is receiving home-based mental health services. For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

visits per six month episode of home-based mental health services if the mental health professional providing the home based mental health services requests and obtains prior authorization. Additional outpatient psychotherapy services provided concurrent with home-based mental health services in excess of these limits are eligible for MA with prior authorization. In addition, up to 60 hours of day treatment services provided concurrently with home-based mental health services to a child are eligible for MA coverage if the child is being phased into home-based mental health services, or if the child is being phased out of home-based mental health services and phased into day treatment services and home-based mental health services and day treatment services are identified with the goals of the child's individual treatment plan. Additional day treatment services provided concurrent with home-based mental health services in excess of these limits are eligible for MA with prior authorization.

- J. home-based mental health services provided to a child who is not living in the child's residence. However, up to 35 hours of home-based mental health services provided to a child who is residing in a hospital, group home, residential treatment facility, regional treatment center or other institutional group setting or who is participating in a partial hospitalization program are eligible for MA payment if the services are provided under an individual treatment plan for the child developed by the provider working with the child's discharge planning team and if the services are needed to assure the child's smooth transition to living in the child's residence. Additional home-based mental health services provided concurrent with inpatient hospital services in excess of these limits are eligible for MA with prior authorization.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

2. **Day treatment services for mental illness** for children are limited to:

- A. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, or a registered nurse with a master's degree and certificate from the American Nurses Association as a clinical specialist in psychiatric nursing or mental health;
- B. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.;
- C. Services provided in one of the following settings:
 - 1. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
 - 2. Community Mental Health Center;
 - 3. County contracted day treatment provider.
- D. Services provided no fewer than one day per week and no more than five days per week;
- E. Services provided for three hours of day treatment per day; and
- F. No more than one individual or one family session per week when in day treatment.
- G. Services that, when provided to the family, are directed exclusively to the treatment of the recipient.

Services in excess of these limits are eligible for MA with prior authorization.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

3. **Psychotherapy services** for children as follows:

<u>Services</u>	<u>Limitations</u>
individual psychotherapy, 20 to 30 minutes (90843)	90843 and one half hour units of 90915 combined, are covered up to 26 hours per calendar year; unless additional coverage is prior authorized
individual psychotherapy; 40 to 50 minutes (90844)	90844 and one hour units of 90915 combined, are covered up to 20 hours per calendar year, not more frequently than once every five calendar days; unless additional coverage is prior authorized
family psychotherapy without patient present (90846)	up to 20 hours per calendar year when combined with 90847; unless additional coverage is prior authorized
family psychotherapy (90847)	up to 20 hours per calendar year when combined with 90846; unless additional coverage is prior authorized
family psychotherapy discretionary (90847-22)	up to 12 per calendar year

Psychotherapy services are not covered unless the services,
when provided to the family, are directed exclusively to the
treatment of the recipient.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

4. **Family community support services** for children are services provided by mental health professionals or mental health practitioners under the clinical supervision of a mental health professional, designed to help each child to function and remain with their family in the community. For purposes of item 4.b., a child eligible for family community support services means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 17a, items A-D for **professional home-based mental health services**.

The diagnostic assessment must have determined that the child meets the functional criteria outlined above and is in need of family community support services.

An entity operated by or under contract to the county to provide family community support services is eligible to provide family community support services. Such entities include, but are not limited to:

- A. outpatient hospitals;
- B. community mental health centers; and
- C. community mental health clinics.

A provider of family community support services must meet the qualifications in items A to F, below:

- A. the provider must be able to recruit mental health professionals and practitioners, must have adequate administrative ability to ensure availability of services, and must ensure adequate pre-service and in-service training.
- B. the provider must be skilled in the delivery of mental health services to children with severe emotional disturbance and must be capable of implementing services which address the needs

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

identified in the child's treatment plan.

- C. the mental health professional involved in a child's care must develop and sign the treatment plan and periodically review the necessity for treatment and the appropriateness of care.
- D. the provider must provide, or assist the child or the child's family in arranging emergency services for the child and the child's family.
- E. if the child has no assigned case manager or refuses case management services (and the county board has not done so), the provider must ensure coordination of the components of family community support services.
- F. if the county board has not done so, the provider must ensure that family community support services are given in a manner consistent with national core values for child adolescent services.

A provider of family community support services must be capable of providing all of the components specified below. Item A is covered as a mental health service under items 2.a., 5.a., 6.d. and 9 of this Attachment.

- A. diagnostic assessment;
- B. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must consist of:
 - 1. activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

services;

2. activities which will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and

3. assistance in developing independent living skills; and

C. crisis assistance. "Crisis assistance" means help to the child, the child's family and all providers of services to the child to:

1. recognize factors precipitating a mental health crisis;
2. identify behaviors related to the crisis; and

3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. The services focus on crisis prevention, identification, and management. Crisis assistance service components are:

- a. crisis risk assessment;
- b. screening for hospitalization;
- c. referral and follow-up to suitable community resources; and
- d. planning for crisis intervention and counseling services with other service providers, the child, and the child's family.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week.

Payment is limited to the above components of family community support services, plus time spent traveling to and from the site where family community support services are provided. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Only 40 hours of travel per client in any consecutive six-month period is paid. The 40-hour limit may not be exceeded on a calendar year basis unless prior authorization is obtained.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides family community support services. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through N below are **not** eligible for MA payment:

- A. client outreach for the purpose of seeking persons who potentially may be eligible for family community support services;
- B. family community support services provided to a child who at the time of service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness), except that the first 30 hours of family community support services

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

provided to a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness) at the time services began is eligible for MA payment;

- C. more than 68 hours of individual, family, or group skills training within any consecutive six-month period. The 68-hour limit may not be exceeded during any calendar year unless prior authorization is obtained;
- D. more than 24 hours of crisis assistance within any consecutive six-month period. This limit may not be exceeded during any calendar year, except in the case of an emergency, and prior authorization or after-the-fact authorization of the psychotherapy is obtained under State rules governing after-the-fact authorization;
- E. family community support services that exceed 92 hours in any combination of crisis assistance, and individual, family, or group skills training within any consecutive six-month period. The 92-hour limit may not be exceeded during any calendar year. Additional family community support services beyond 92 hours are eligible for MA payment with prior authorization;
- F. crisis assistance and individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
- G. family community support services provided at the same time as professional home-based mental health services;
- H. family community support services simultaneously provided with therapeutic support of foster care services;